

<i>SERFF Tracking Number:</i>	<i>ARBB-127801194</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arkansas Blue Cross and Blue Shield</i>	<i>State Tracking Number:</i>	<i>50212</i>
<i>Company Tracking Number:</i>	<i>23-2526,23-2527 R1/12, 23-2621 1/12</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>General Amendment</i>		
<i>Project Name/Number:</i>	<i>Amendments/23-2526, 23-2527 R1/12, 23-2621 1/12</i>		

## Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: General Amendment

SERFF Tr Num: ARBB-127801194 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-Closed  
State Tr Num: 50212

Sub-TOI: H16G.001A Any Size Group - PPO

Co Tr Num: 23-2526,23-2527  
R1/12, 23-2621 1/12 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor  
Disposition Date: 11/08/2011  
Authors: Christi Kittler, Yvonne  
McNaughton, Frank Sewall, Rita  
Thatcher, Evelyn Laney  
Date Submitted: 11/07/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Amendments

Status of Filing in Domicile:

Project Number: 23-2526, 23-2527 R1/12, 23-2621 1/12

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Arkansas is state of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 11/08/2011

State Status Changed: 11/08/2011

Deemer Date:

Created By: Evelyn Laney

Submitted By: Evelyn Laney

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find forms 23-2526, 23-2527 R1/12 and 23-2621 for your review and approval if indicated.

The Mental Health Amendments- 23-2526, 23-2527 R1/12 have been revised to delete the Group Therapy provision, in the group benefits certificate as well in some of the individual policies, where applicable.

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In amendment 23-2621 1/12 because of Act 1042 of Arkansas' 88th General Assembly requires coverage for gastric pacemakers for individuals with gastroparesis, we have added a benefit for gastric pacemakers and also deleted the exclusion for gastric stimulators to comply with the new law.

We have amended the Claim Processing and Appeals section to comply with the new federal requirements under Patient Protection and Affordable Care Act dealing with External Review as well as the Departments new External Review rule. This is also included in amendment 23-2621 1/12.

Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).

I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19. I further certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the group benefit certificates/individual policies to which these amendments are attached.

Please feel free to contact me at 378-2165 with any questions you may have.

## Company and Contact

### Filing Contact Information

Evelyn Laney, Senior Compliance Analyst exlaney@arkbluecross.com  
 320 West Capitol, Ste 211 501-378-2165 [Phone]  
 Little Rock, AR 72201 501-378-2975 [FAX]

### Filing Company Information

Arkansas Blue Cross and Blue Shield	CoCode: 83470	State of Domicile: Arkansas
601 S. Gaines Street	Group Code:	Company Type:
Little Rock, AR 72201	Group Name:	State ID Number: N/A
(501) 378-2967 ext. [Phone]	FEIN Number: 71-0226428	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	<i>ARBB-127801194</i>	<i>State:</i>	<i>Arkansas</i>
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Arkansas Blue Cross and Blue Shield	\$150.00	11/07/2011	53554739

SERFF Tracking Number:	ARBB-127801194	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/08/2011	11/08/2011

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## Disposition

Disposition Date: 11/08/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Amendment	Approved-Closed	Yes
<b>Form</b>	Amendment	Approved-Closed	Yes
<b>Form</b>	Amendment	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: 23-2526 R1/12

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/08/2011	23-2526 R1/12	Certificate Amendment t, Insert Page, Endorsement or Rider	Amendment	Revised	Replaced Form #: 23-2526 R1/12 Previous Filing #: 23-2526 R7/11	40.600	23-2526 R1-12.pdf
Approved-Closed 11/08/2011	23-2527 R1/12	Certificate Amendment t, Insert Page, Endorsement or Rider	Amendment	Revised	Replaced Form #: 23-2527 R1/12 Previous Filing #: 23-2527 R7/11	40.600	23-2527 MHP Ind R1-12.pdf
Approved-Closed 11/08/2011	23-2621 1/12	Certificate Amendment t, Insert Page, Endorsement or Rider	Amendment	Initial		40.600	23-2621 1-12Ind.pdf



**Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE  
ARKANSAS BLUE CROSS AND BLUE SHIELD  
COMPREHENSIVE MAJOR MEDICAL  
GROUP BENEFIT CERTIFICATES**

**AMENDMENT NO. 2526**

**MENTAL HEALTH PARITY**

**FORM NOS. 163, 164, 232, 233, 234, 235, 239, 240, 241, 242, 243, 244, 245, 246,  
263, 265, 266, 267, 268, 269, 270, 271**

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Psychiatric Conditions and Substance Abuse Services** is hereby amended to read as follows.

**Mental Illness and Substance Abuse Services (Alcohol and Drug Abuse).** Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate, coverage is provided for Health Interventions to treat Mental Illness and Substance Abuse.

1. **Outpatient Health Interventions.**
  - a. Coverage of Mental Illness and Substance Abuse Health Interventions during office visits and other forms of outpatient treatment, including partial or full-day program services is subject [to the Specialty Care Physician Copayment and] to the Deductible and Coinsurance set out in the Schedule of Benefits.
  - b. Coverage of office visits and other outpatient treatment sessions, beyond the eighth session in a calendar year, except for medication management treatment sessions, is subject to Prior Approval from the Company. See Subsection 3, below.
2. **Inpatient, Partial Hospitalization Program and Intensive Outpatient Program Health Interventions**
  - a. Coverage for Inpatient Hospitalization, Partial Hospitalization Programs or Intensive Outpatient Programs for Mental Illness or Substance Abuse Health Interventions is subject to Prior Approval from the Company. See Subsection 3 below.
    - i. Inpatient Hospitalization requires a patient to receive Covered Services 24 hours a day as an inpatient in a Hospital.
    - ii. Partial Hospitalization Programs generally require the patient to receive Covered Services six to eight hours a day, five to seven days per week in a Hospital.
    - iii. Intensive Outpatient Programs generally require the patient to receive Covered Services lasting two to four hours a day, three to five days per week in a Hospital.
  - b. Coverage is subject [to the Inpatient Hospital Copayment and] to the Deductible and Coinsurance set forth in the Schedule of Benefits.
  - c. **The treating facility must be a Hospital.** See Subsection 9.42. Treatment received at a Freestanding Residential Substance Abuse Treatment Center or at a Freestanding Psychiatric Residential Treatment Facility is not a covered benefit.
3. **Prior Approval.** Coverage for many Health Interventions for the treatment of Mental Illness and Substance Abuse are subject to Prior Approval from the Company. To request Prior Approval, please call the "Behavioral Health"



telephone number on your ID card. **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished us at the time indicates that the proposed Health Intervention meets the Primary Coverage Criteria requirements set out in Subject 2.2 and the Applications of the Primary Care Criteria set out in Subsections 2.4.1.b, e., or f. All services, including any Health Interventions for the treatment of Mental Illness or Substance Abuse receiving Prior Approval may be limited or denied if, when the claims for the Health Intervention are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or that any other basis for denial of the claim specified in this Benefit Certificate exists.**

4. The following services and treatments are not covered.
- a. **Health and Behavior Assessment/Intervention.** Evaluation of psychosocial factors potentially impacting physical health problems and treatments are not covered. This includes health and behavior assessment procedures used to identify psychological, behavioral, emotional, cognitive, and social factors affecting physical health problems. See Specific Plan Exclusions, "Health Interventions."
  - b. **Hypnotherapy.** Hypnotherapy is not covered for any diagnosis or medical condition. See Specific Plan Exclusions, "Health Interventions."
  - c. **Marriage and Family Therapy.** Marriage and family therapy or counseling services are not covered. See Specific Plan Exclusions, "Health Interventions."
  - d. **Sex Changes/Sex Therapy.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change are not covered. This exclusion includes medications, implants, hormone therapy, surgery, medical or psychiatric treatment or other treatment of sexual dysfunction including Prescription Medication and sex therapy. See Specific Plan Exclusions, "Health Interventions."

**GLOSSARY OF TERMS, Psychiatric Conditions** is hereby deleted in its entirety.

**GLOSSARY OF TERMS** is hereby amended to add the following new Subsections. All remaining subsections are renumbered to correlate with the change.

**Mental Illness** means and includes (whether organic or non-organic, whether of biological, non-biological, chemical or non-chemical origin, and irrespective of cause, basis or inducement) mental disorders, mental illnesses, psychiatric illnesses, mental conditions, and psychiatric conditions. This includes, but is not limited to, psychoses, neurotic disorders, schizophrenic disorders, affective disorders, personality disorders, and psychological or behavioral abnormalities associated with transient or permanent dysfunction of the brain or related neurohormonal systems. (This is intended to include only illnesses classified on Axes I and II in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, Washington, D.C.)

**Substance Abuse** means a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.



---

P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD  
601 S. Gaines Street  
Little Rock, Arkansas 72201



**Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE  
ARKANSAS BLUE CROSS AND BLUE SHIELD  
COMPREHENSIVE MAJOR MEDICAL INDIVIDUAL  
INSURANCE POLICY**

**AMENDMENT NO. 2527  
MENTAL HEALTH PARITY BENEFIT RIDER  
Form Nos. 259 & 262**

**OUTLINE OF COVERAGE, SPECIAL LIMITATIONS,** Psychiatric & Substance Abuse benefit maximum is hereby deleted in its entirety.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Psychiatric Conditions and Substance Abuse Services** is hereby amended to read as follows.

**Mental Illness and Substance Abuse Services (Alcohol and Drug Abuse).** Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Policy, coverage is provided for Health Interventions to treat Mental Illness and Substance Abuse.

1. **Outpatient Health Interventions.**
  - a. Coverage of Mental Illness and Substance Abuse Health Interventions during office visits and other forms of outpatient treatment, including partial or full-day program services is subject to the Specialty Care Physician Copayment and to the Deductible and Coinsurance set out in the Schedule of Benefits.
  - b. Coverage of office visits and other outpatient treatment sessions, beyond the eighth session in a calendar year, except for medication management treatment sessions, is subject to Prior Approval from the Company. See Subsection 3, below.
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    - i. Inpatient Hospitalization requires a patient to receive Covered Services 24 hours a day as an inpatient in a Hospital.
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    - iii. Intensive Outpatient Programs generally require the patient to receive Covered Services lasting two to four hours a day, three to five days per week in a Hospital.
  - b. Coverage is subject to the Deductible and Coinsurance set forth in the Schedule of Benefits.
  - c. **The treating facility must be a Hospital.** See Subsection 9.42. Treatment received at a Freestanding Residential Substance Abuse Treatment Center or at a Freestanding Psychiatric Residential Treatment Facility is not a covered benefit.
3. **Prior Approval.** Coverage for many Health Interventions for the treatment of Mental Illness and Substance Abuse are subject to Prior Approval from the Company. To request Prior Approval, please call the "Behavioral Health"

telephone number on your ID card. **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished us at the time indicates that the proposed Health Intervention meets the Primary Coverage Criteria requirements set out in Subject 2.2 and the Applications of the Primary Care Criteria set out in Subsections 2.4.1.b, e., or f. All services, including any Health Interventions for the treatment of Mental Illness or Substance Abuse receiving Prior Approval may be limited or denied if, when the claims for the Health Intervention are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or that any other basis for denial of the claim specified in this Policy exists.**

4. The following services and treatments are not covered.
  - a. **Health and Behavior Assessment/Intervention.** Evaluation of psychosocial factors potentially impacting physical health problems and treatments are not covered. This includes health and behavior assessment procedures used to identify psychological, behavioral, emotional, cognitive, and social factors affecting physical health problems. See Specific Plan Exclusions, "Health Interventions."
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**GLOSSARY OF TERMS, Psychiatric Conditions** is hereby deleted in its entirety.

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**Substance Abuse** means a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield Managed Benefits Comprehensive Major Medical Policy. All other provisions of the Policy remain in full force and effect.

A handwritten signature in black ink that reads "P. Mark White". The signature is written in a cursive, flowing style.

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P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD  
601 S. Gaines Street  
Little Rock, Arkansas 72201

**AMENDMENT TO THE  
ARKANSAS BLUE CROSS AND BLUE SHIELD  
COMPREHENSIVE MAJOR MEDICAL  
INDIVIDUAL POLICY**

**AMENDMENT NO. 2621  
GENERAL AMENDMENT**

**Form Nos. 69,70,108,111,113,125,126,129,130,134,135,141,147,148,166,183,184**

**The following subsection amendments are effective on January 1, 2012.**

**OTHER COVERED MEDICAL EXPENSES** is hereby amended to add the following new provision.

**Gastric Pacemaker Coverage.** Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Policy including the Deductible and Coinsurance set out in the Schedule of Benefits, coverage is provided for gastric pacemakers that receive Prior Approval from the Company. **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished to us at the time indicates that the gastric pacemaker is Medically Necessary.** All services, including any gastric pacemaker receiving Prior Approval, must still meet all other coverage terms, conditions, and limitations, and coverage for any gastric pacemaker receiving Prior Approval may still be limited or denied if, when the claims for the gastric pacemaker are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or any other basis specified in this Policy.

**INDEPENDENT MEDICAL REVIEW OF CLAIMS (EXTERNAL REVIEW) " Claim Appeals subject to External Review",** is hereby amended to read as follows.

**A. Claim Appeals Subject to External Review.**

1. **Waiver of Internal Review.** If the Company has waived internal review, your appeal shall be to external review in accordance with this ARTICLE.
2. **Claim denial based upon Medical Necessity or Experimental or Investigational medical intervention.** If your claim has not been the subject of a prior external review and if we have denied your claim in whole or in part because the intervention was not Medically Necessary or because it was Experimental or Investigational, you may request an independent medical review by an Independent Review Organization in accordance with the provisions of this ARTICLE provided:
  - a. such denial was upheld in whole or in part as a result of the Company's internal review process, or
  - b. you have not requested or agreed to a delay in the Company's internal review process and the Appeals Coordinator has not given you notification of the determination involving a pre-service claim appeal within thirty (30) days following receipt of your appeal to the Company; or
  - c. you have not requested or agreed to a delay in the Company's internal review process and the Appeals Coordinator has not given you notification of the determination involving a post-service claim appeal within sixty (60) days following receipt of your appeal to the Company; or
  - d. your claim meets the requirements for expedited external review, (see Section M.) and you have simultaneously submitted an appeal to the Company.

**B. Where and When to Submit External Review Appeal.** You may request external review by submitting a request for external review to the Arkansas Insurance Commissioner, 1200 West Third Street, Little Rock, Arkansas 72201 or by calling 1-800-282-9134. Your request must be made within four (4) months the claim denial was upheld in whole or in part. If Subsection A.2.(b.) or A.2.(c.) apply, your request may be made at the end of the thirty (30) day period or sixty (60) day period. If Subsection A.2.(d.) applies, you must file your request for external review at the same time you file your appeal to the Company.

C. **Independent Review Organization and Independent Medical Reviewer**

1. **The Arkansas Insurance Commissioner** shall determine if the claim is subject to external review, and if he so determines, assign an Independent Review Organization from the list of approved Independent Review Organizations compiled and maintained by the Commissioner.
2. **The Independent Review Organization** is not affiliated with, owned by or controlled by the Company. The Company pays a reasonable fee to the Independent Review Organization to conduct the review, but such fee is not contingent upon the determination of the Independent Review Organization or Independent Medical Reviewer.
3. **An Independent Medical Reviewer** is a physician that is licensed in one or more States to deliver health care services and typically treats the condition or illness that is the subject of the claim under review. The Independent Medical Reviewer is not an employee of the Company and does not provide services exclusively for the Company or for individuals holding insurance coverage with the Company. The Independent Medical Reviewer has no material financial, familial or professional relationship with the Company, with an officer or director of the Company, with the claimant or with the health care professional that provided the intervention involved in the denied claim; with the institution at which the intervention involved in the denied claim was provided; with the manufacturer of any drug or other device used in connection with the intervention involved in the denied claim; or with any other party having a substantial interest in the denied claim.

D. **Documentation**

1. **Written Appeals.** You must submit your appeal in writing in a form and in a manner determined by the Arkansas Insurance Commissioner. You may submit with your request for review any additional written comments, issues, documents, records and other information relating to your claim
2. **Authorization to Release Information.** In filing your request for external review, you must include the following authorization: "I, [Covered Person's name], authorize Arkansas Blue Cross and Blue Shield and my healthcare provider(s) to release all medical information or records pertinent to this claim to the Independent Review Organization that is designated by Arkansas Blue Cross. I further authorize such Independent Review Organization to release such medical information to any Independent Medical Reviewer(s) selected by the Independent Review Organization to conduct the review."

E. **Referral of Review Request to an Independent Review Organization.** Upon receipt of the documentation set out in Subsection D., the Arkansas Insurance Commissioner shall immediately refer the request for external review, along with the Company's initial determination of the claim and the Appeals Coordinator's internal review determination (if applicable) to an Independent Review Organization.

F. **Independent Review Organization Right to Information.** You and your treating health care professional are required to provide the Independent Review Organization and to Independent Medical Reviewer(s), upon request, access to information necessary to determine the appeal. Access to such information shall be provided not later than seven (7) business days after the date on which the request for information is received.

G. **Rejection of Request for Review by the Independent Review Organization.** The Independent Review Organization shall reject a request for review and notify you, your health care professional and the Appeals Coordinator in writing within five (5) business days (or within 72 hours for an Expedited Appeal) of its determination, if it determines that the appeal does meet the standards for an appeal for external review. See Sections A.

H. **Rejection of the Review for Failure to Submit Requested Information.** The Independent Review Organization may reject a request for review if:

1. you have not provided the authorization for release of medical records or information pertinent to the claim required by Subsection D.2.; or
2. you or your health care professional have not provided information requested by the Independent Review Organization in accordance with Section F.

- I. **Independent Medical Review Determination.** If the Independent Review Organization does not reject the request for review in accordance with Sections H or I, it shall assign the request for review to an Independent Medical Reviewer. Such Independent Medical Reviewer shall make a determination after reviewing the documentation submitted by you, your health care professional and the Company. The Independent Medical Reviewer shall consider the terms of this Policy to assure that the reviewer's decision is not contrary to the terms of the Policy. In making the determination reviewer need not give deference to the determinations made by the Company or the recommendations of the treating health care professional (if any).
- J. **Timing of Appeal Determination.**
1. **Standard Review.** The Independent Medical Reviewer shall complete a review on an appeal within a reasonable period of time, but in no case later than forty five (45) days after the Independent Review Organization received the appeal.
  2. **Expedited Review.** If you request an expedited review, and a health care professional certifies that the time for a standard review would seriously jeopardize your life or health or your ability to regain maximum function, the Independent Medical Reviewer shall make a determination on review in accordance with the medical exigencies of the case and as soon as possible, but in no case later than 72 hours after the time the Independent Review Organization received the request for review.
- K. **Notification of Determination of Independent Medical Review.**
1. **Recipients of Notice.** Upon receipt of the determination of the Independent Medical Reviewer, the Independent Review Organization shall provide written notification of the determination to you, you health care Provider, the Company and the Arkansas Insurance Commissioner.
  2. **The Notification shall include.**
    - a. A general description of the reason for the request for external review;
    - b. The date the Independent Review Organization was notified by the Company to conduct the review;
    - c. The date the external review was conducted;
    - d. The date of the Independent Medical Reviewer's determination;
    - e. The principal reason(s) for the determination;
    - f. The rationale for the determination; and
    - g. References to the evidence or documentation, including practice guidelines, considered in the determination.
- L. **Expedited External Review.**
1. **Requirement for Expedited Review.** You may submit a pre-service claim denial or a denial of a claim involving concurrent care for an expedited external review provided your health care professional certifies that the time to complete a standard review would seriously jeopardize your life or health or your ability to regain maximum function.
  2. **Expedited External Review without prior Appeal to Company (internal review).** You may request an expedited review at the same time you submit a request for an appeal to the Company (internal review) if your health care professional certifies that the time to complete the Company's expedited appeal process would seriously jeopardize your life or health or your ability to regain maximum function. If you make such a request, the Independent Review Organization may determine and notify you in accordance with Subsections J.2. and K whether you will be required to complete the internal review process.
  3. **Same procedures as standard external review.** Unless otherwise specified, the provisions of this ARTICLE applicable to independent medical review of claims apply to expedited external review of claims.
- M. **Other Rights under the Policy.** Your decision to submit an appeal to external review will have no effect on your other rights and benefits under the Policy.
- O. **Arkansas Insurance Commissioner.** If you are unhappy with the External Review Process, you may contact the Arkansas Insurance Commissioner for assistance. The mailing address is Arkansas Insurance Department, Attention External Review Assistance, 1200 West Third Street, Little Rock, Arkansas 72201. The telephone number is 501-371-2640 or toll free 800-852-5494. The e-mail address is [insurance.consumers@arkansas.gov](mailto:insurance.consumers@arkansas.gov)



- O. **Filing Fee.** You are required to pay a twenty-five dollar (\$25) fee to submit an appeal for external review. If the external review results in a reversal of the claim denial, in whole or in part, the Company will refund your filing fee. This twenty-five dollar (\$25) filing fee will be waived if (1) you have previously paid seventy-five dollars (\$75) in filing fees during the plan year or (2) paying of the fee will impose an undue financial hardship
- P. **Binding Nature of External Review Decision.** The determination of an Independent Review Organization and an Independent Medical Reviewer is binding on both the Company and you, except to the extent that other remedies are available under applicable federal or state law.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield Managed Benefits Comprehensive Major Medical Policy. All other provisions of the Policy remain in full force and effect.



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P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD  
601 S. Gaines Street  
LITTLE ROCK, ARKANSAS 72201

SERFF Tracking Number:	ARBB-127801194	State:	Arkansas
Filing Company:	Arkansas Blue Cross and Blue Shield	State Tracking Number:	50212
Company Tracking Number:	23-2526,23-2527 R1/12, 23-2621 1/12		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.001A Any Size Group - PPO
Product Name:	General Amendment		
Project Name/Number:	Amendments/23-2526, 23-2527 R1/12, 23-2621 1/12		

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> Please see attached. <b>Attachment:</b> Flesch Certification Forms 23-2526,23-2527 R1-12, 23-2621 1-12.pdf	Approved-Closed	11/08/2011

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not required. <b>Comments:</b>	Approved-Closed	11/08/2011

	Item Status:	Status Date:
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary <b>Bypass Reason:</b> Not PPACA related. <b>Comments:</b>	Approved-Closed	11/08/2011



# Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

**RE: Arkansas Blue Cross and Blue Shield  
Amendment Nos. 23-2526, 23-2527 R1/12, 23-2621 1/12**

## **FLESCH READING EASE CERTIFICATION**

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.6 and comply with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

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Name

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Vice President

Title

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November 7, 2011

Date